SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) The Council of Insurance Agents & Bro	okers Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Mr. B. Daniel Seltzer Mailing Address 1134 Centennial City Penn Valley FEC ID number of contributing federal political committee. Name of Employer Cohen-Seltzer, Inc. Receipt For:	State PA C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Mr. Andrew G. Cassidy Mailing Address 11109 Waycroft Way City Rockville FEC ID number of contributing federal political committee.	State MD	Zip Code 20852-3216	Date of Receipt M M
Name of Employer Early, Cassidy & Schillin- g, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		
Full Name (Last, First, Middle Initial) Mr. Christopher J. Nadeau Mailing Address 7 Ledgestone Drive City Hopkinton FEC ID number of contributing federal political committee. Name of Employer William Gallagher Assoc.	State MA C Occupation Insurance		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ins. Brokers, Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	4500.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			